

Employee Transfer Form

Form

PRA-HR-031-F-004

Version: 002 | Date 10/16/2018

Instructions

1. Institution A - Complete the Employee Transfer Form using the employee's current year Benefit Summary.
2. In each field, enter or select (from the values provided) the appropriate information and press **Tab** to advance to the next field.
3. The form is **Read-Only**, once you complete the form you will need to **Save As** and rename the file.
4. Provide the Employee Transfer Form to the SSC. **This form contains confidential information, please load the form to the secure SSC FTP site.**
5. **Once transfer is processed, the SSC will provide a copy to Institution B.**

Employee Information

Employee Name:		Employee ID:	
DOB:		Last Four Digits of SSN:	
Current Institution (A):			
New Institution (B):			
USG Service Date:			
Last Day on Payroll (A):			
Termination Date (A):			

Accrual Balances (Enter number of hours)

Sick Leave:		Vacation (Annual) Leave (excluding VPO):	
FMLA Leave:		Floating Holiday (if applicable):	
Military Leave:		Education Support Leave:	

Retirement Plan (Select one)

<input type="checkbox"/> TRS (Teachers Retirement System of Georgia)	<input type="checkbox"/> New	<input type="checkbox"/> Old
<input type="checkbox"/> ERS (Employees Retirement System)	<input type="checkbox"/> New	<input type="checkbox"/> Old
	Investment Percent	
	Fidelity	TIAA-Cref
		Valic
<input type="checkbox"/> ORP (Optional Retirement Plan)		

Savings Plans (Supplemental Retirement Accounts)

Important – Mid Month Transfers: For all plans (Savings Plans, etc.), SSC will update the effective date to the **first of the month** following the transfer date.

Check the appropriate data format for the investment **Percent** **Dollars**

Plan Type	Catch up / Regular	Select the investment options from the drop-down menus			YTD Total \$
403(b)					
457					
Roth 403(b)					
Roth 457					

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Plan Type	Deduction Code	Deduction Rate or %	Flat/Addl Amount	Goal Amount	Current Goal Balance
GA Higher Education Savings	529SAV				
Medical FSA	01FSAM				
Dependent Care FSA	01FSAD				
HSA EE	01HSA				
HSA ER	01HSAN				
Enter other benefit plans entered as a general deduction (Charitable Contributions, Peach State, etc.)					

Compliance	
Training Course Title	Date Completed
Initial Ethics Training	
Refresher Ethics Training (Most Recent)	
Cyber Security	
Right to Know	

Other Pertinent Information/Specialized Training/Additional Benefit Plans

Prepared by:			
Date:		Phone:	
Email:		Fax:	